



Complete Summary

TITLE

Acute myocardial infarction/chest pain: percentage of emergency department (ED) acute myocardial infarction (AMI) patients or chest pain patients (with probable cardiac chest pain) who received aspirin within 24 hours before ED arrival or prior to transfer.

SOURCE(S)

Centers for Medicare & Medicaid Services (CMS). Specifications manual for hospital outpatient department quality measures (v 2.1a). Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2009. 245 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of emergency department (ED) acute myocardial infarction (AMI) patients or chest pain patients (with *Probable Cardiac Chest Pain*) who received aspirin within 24 hours before ED arrival or prior to transfer.

RATIONALE

The early use of aspirin in patients with acute myocardial infarction (AMI) results in a significant reduction in adverse events and subsequent mortality. Aspirin therapy provides a percent reduction in mortality that is comparable to thrombolytic therapy and the combination provides additive benefit for patients with ST-segment elevation myocardial infarction and is also effective in patients

with non-ST-segment elevation myocardial infarction. National guidelines strongly recommend early aspirin for patients hospitalized with AMI.

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); chest pain; ST-segment elevation; aspirin

DENOMINATOR DESCRIPTION

Patients 18 years and older with an emergency department (ED) encounter for acute myocardial infarction (AMI) or chest pain (with *Probable Cardiac Chest Pain*) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Emergency department (ED) acute myocardial infarction (AMI) or chest pain patients (with *Probable Cardiac Chest Pain*) who received aspirin within 24 hours before ED arrival or prior to transfer

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [\(1\) ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(Committee to revise the 1999 guidelines for the Management of Acute Myocardial Infarction\).](#) (2) [2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Jencks SF, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: A profile at state and national levels. JAMA2000 Oct 4;284(13):1670-6. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Medicare
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients 18 years and older with an emergency department (ED) encounter who were discharged/transferred to a short-term general hospital for inpatient care or to a Federal healthcare facility with a diagnosis of acute myocardial infarction (AMI) or angina, acute coronary syndrome, or chest pain (with *Probable Cardiac Chest Pain*) (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

- An *E/M Code* for emergency department (ED) encounter as defined in Appendix A, Table 1.0*
- Patients discharged/transferred to a short term general hospital for inpatient care, or to a Federal healthcare facility
- An *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Diagnosis Code* for acute myocardial infarction (AMI) as defined in Appendix A, OP Table 1.1* or an *ICD-9-CM Principal or Other Diagnosis Codes* for angina, acute coronary syndrome, or chest pain as defined in Appendix A, OP Table 1.1a* with *Probable Cardiac Chest Pain*

Exclusions

- Patients less than 18 years of age
- Patients with a documented *Reason for No Aspirin on Arrival*

*Refer to the original measure documentation for details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Institutionalization

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Emergency department (ED) acute myocardial infarction (AMI) or chest pain patients (with *Probable Cardiac Chest Pain*) who received aspirin within 24 hours before ED arrival or prior to transfer

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

OP-4: hospital outpatient acute myocardial infarction and hospital outpatient chest pain: aspirin at arrival.

MEASURE COLLECTION

[Hospital Outpatient Department Quality Measures](#)

MEASURE SET NAME

[Hospital Outpatient Acute Myocardial Infarction](#)

DEVELOPER

Centers for Medicare & Medicaid Services

FUNDING SOURCE(S)

United States Department of Health and Human Services

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Centers for Medicare & Medicaid (CMS) Contractor

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source

RELEASE DATE

2008 Apr

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Centers for Medicare & Medicaid Services (CMS). Specifications manual for hospital outpatient department quality measures (v 2.1a). Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2009. 245 p.

MEASURE AVAILABILITY

The individual measure, "OP-4: Hospital Outpatient Acute Myocardial Infarction and Hospital Outpatient Chest Pain: Aspirin at Arrival," is published in the "Specifications Manual for Hospital Outpatient Department Quality Measures (Version 2.1a)." This document is available from the [QualityNet Web site](#). Check the QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 20, 2009. The information was verified by the measure developer on May 8, 2009.

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